

Name
in
Full

Estelle Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

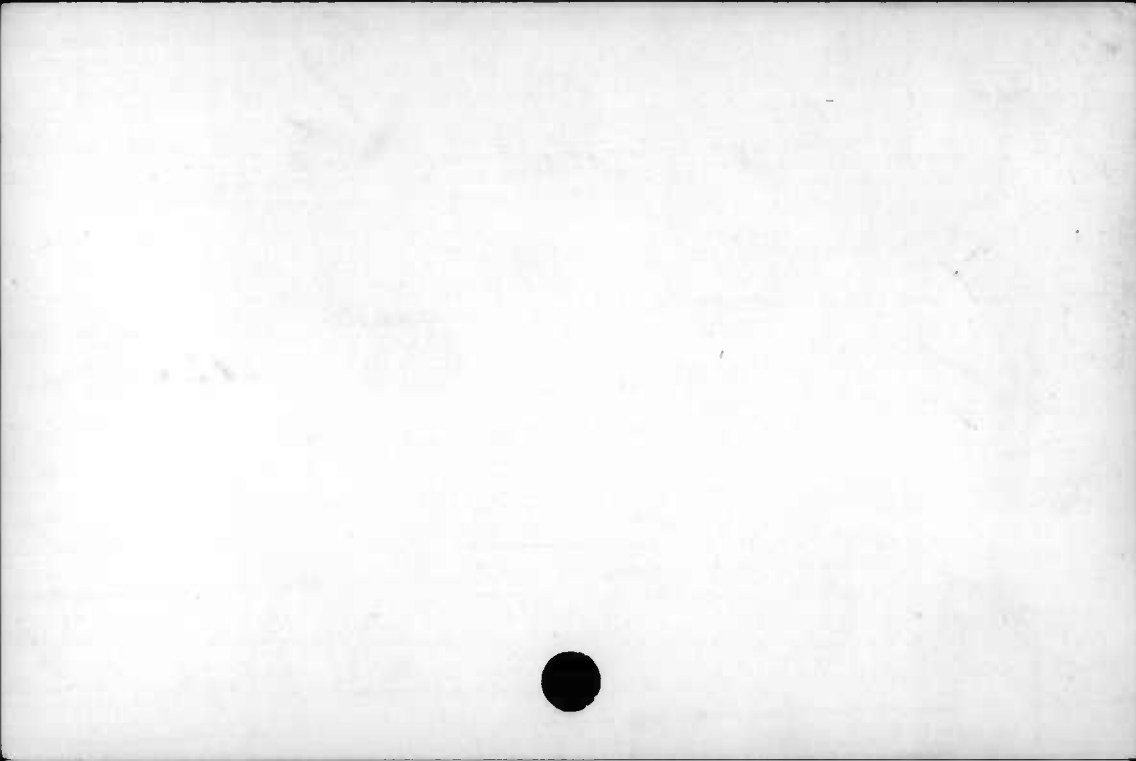
Died at <i>Brandywine</i> <small>Town</small>		<i>Princ George</i> <small>County</small>		MARYLAND	
Date of death <i>1908 Apr.</i>	<i>14</i> <small>Month</small>	<i>19</i> <small>Day</small>	<i>10</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Baden Md.</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>/</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles Price</i>				
Father's Name <i>John Dims</i>	Father's Birthplace <i>Near Baden Md</i>				
Mother's Maiden Name <i>Suzanne Munroe</i>	Mother's Birthplace <i>Chesapeake Md.</i>				
Name of person giving information <i>John Dims</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Irving St. Chaury</i>
<i>9</i>	Address <i>Baden, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

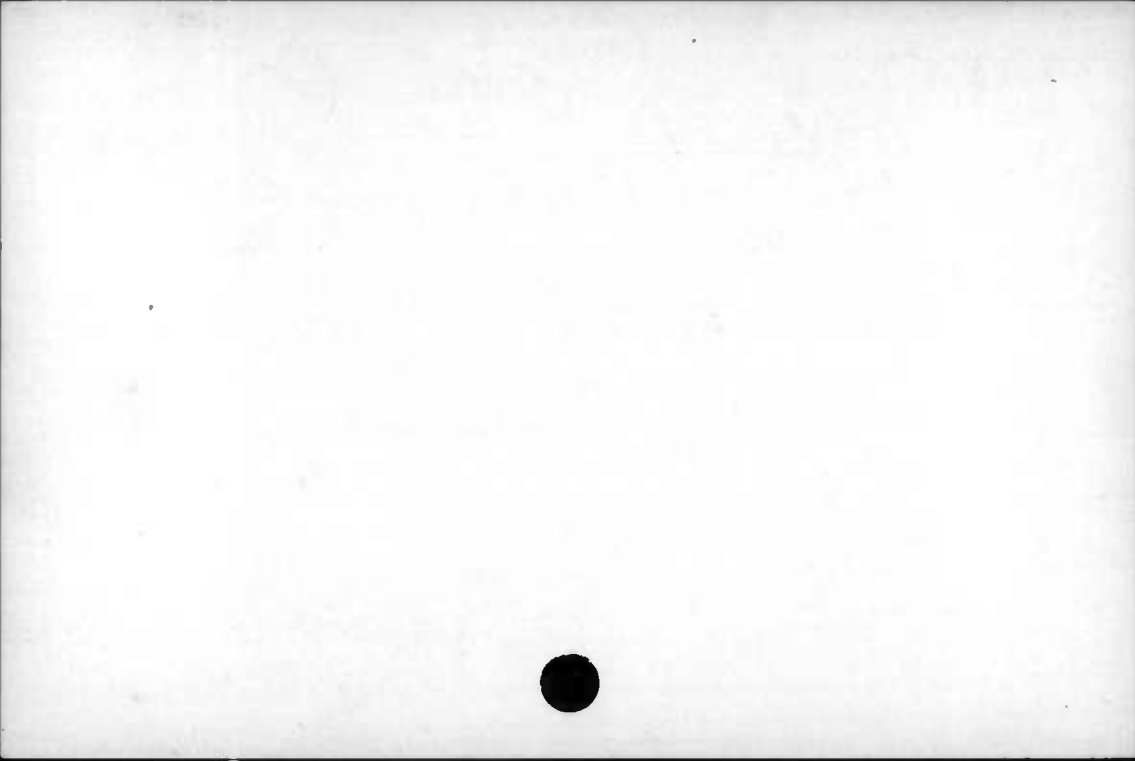
Name in Full John Brooke		Town Silver Hill		County Pr Geo		State MARYLAND	
Died at Silver Hill		Month 4		Day 21		Years 83	
Date of death 1908		Month 4		Day 21		Age 83	
Sex male		Color or Race white		Birth-place Md.			
Occupation Farmer		Where Residing if not at place of death -					
Married, Single Married		Name of Wife or Husband Margaret A. Brooke					
Father's Name D. K.		Father's Birthplace Unknown					
Mother's Maiden Name D. K.		Mother's Birthplace Unknown					
Name of person giving information John H. Brooke		How related to deceased Son					

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long 3 yrs
Immediate	General Debility + exhaustion	How long -
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. P. Simpson M.D.
		Address Rosecroft, Md.
Accident or Suicide? -		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlboro.</i>		Town <i>Marlboro.</i>		County <i>H. Geo.</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>apr</i>	Day <i>21.</i>	Age	<i>—</i>	Years	Months <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Marlboro.</i>
Occupation	<i>—</i>			Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Bruce L. Buck</i>				Father's Birthplace <i>Pennsylvania</i>	
Mother's Maiden Name		<i>Chamney</i>				Mother's Birthplace <i>Maryland</i>	
Name of person giving information		<i>B. L. Buck</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	<i>Septicemia</i>	How long	<i>1 day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. L. Griffith</i>	
		Address <i>Upper Marlboro</i>	
Accident or Suicide?		<i>Med</i>	



Name
in
Full

Lucie Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Clinton Town

P. H. County

Date of death 1908 April

Day 7

Age — Years

Months 7

Days —

Sex Female

Color or Race Black

Birthplace Ind

Occupation None.

Where Residing if not at place of death Home.

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George Butler

Father's Birthplace

Ind

Mother's Maiden Name

Asteria Proctor

Mother's Birthplace

Ind

Name of person giving information

George Butler

How related to deceased

Father

CAUSES OF DEATH

8

Primary

Whooping Cough

How long

10 days

Immediate

Congestion bed

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

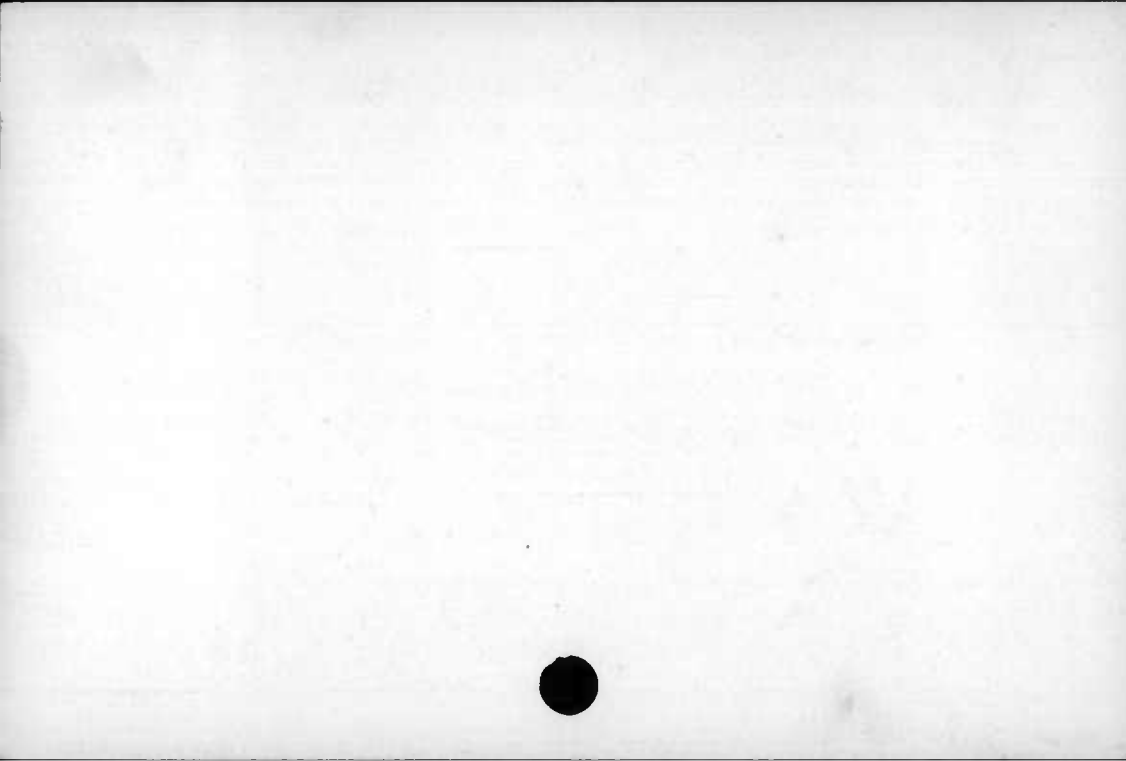
Yes

Signature of Physician

Address

J. P. Warrick
Clinton

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

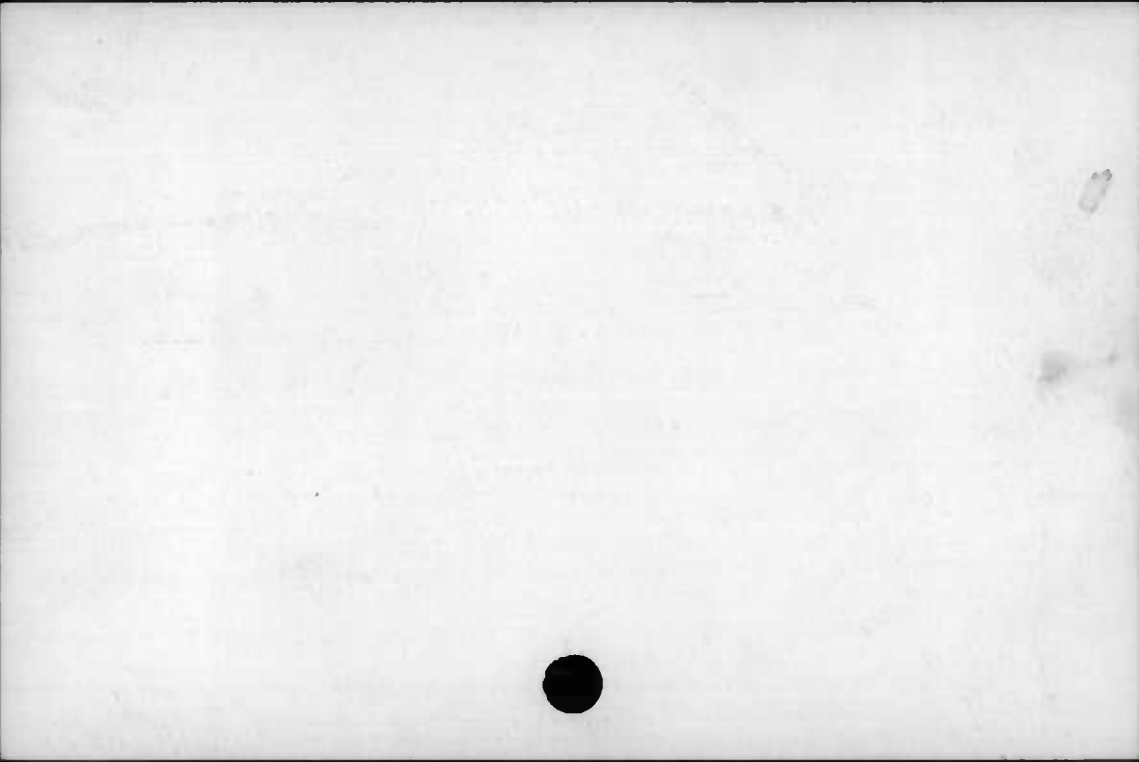
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Laurel.</i>		County <i>B. Geo. Co.</i>		MARYLAND	
Date of death		1908	Month <i>April</i>	Day <i>29</i>	Age Years	Months	Days
Sex <i>Boy</i>		Color or Race <i>White</i>			Birth-place <i>Laurel.</i>		
Occupation <i>—</i>				Where Residing if not at place of death <i>at Laurel</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel E. Chauncy</i>				Father's Birthplace <i>Ad. Co.</i>			
Mother's Maiden Name <i>Alice Whitehead</i>				Mother's Birthplace <i>Ad. Co.</i>			
Name of person giving information <i>Samuel E. Chauncy</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>5</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>y^{es}</i>		Signature of Physician <i>J. H. Ryer</i>	
		Address <i>Laurel Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Elizabeth Cisco

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town I.B.		County Pr. Geo		MARYLAND	
Date of death		1908	Month 4	Day 8	Years Age about - 44	Months	Days
Sex female		Color or Race Colored		Birth- place Ind			
Occupation General Housework		Where Residing if not at place of death Washington D.C.					
Married, Single or Widowed Widowed		Name of Wife or Husband Jesse Cisco					
Father's Name Not - known		Father's Birthplace Not - known					
Mother's Maiden Name Mammy Burroughs		Mother's Birthplace Ind					
Name of person giving Information Noble Boyd		How related to deceased Brother					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Intestinal Tuberculosis	How long	Several Months
Immediate	Asthma	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John A. Cor	
Address		I.B.	
Accident or Suicide?		Ind	



Name
in
Full

Percy Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Chittenden House of R ^{County} P.H.

MARYLAND

Date of death 1908 ^{Month} April ^{Day} 14 ^{Age} 11 ^{Years} 11 ^{Months} 8 ^{Days}Sex Male ^{Color or Race} Colored ^{Birth-place} Balto mdOccupation ^{Where Residing if not at place of death} InmateMarried, Single or Widowed ^{Name of Wife or Husband} Single ✓Father's Name ^{Father's Birthplace} Will Coleman Balto mdMother's Maiden Name ^{Mother's Birthplace} Addie Scott " "Name of person giving information ^{How related to deceased} R. Roper none

CAUSES OF DEATH

60

PHYSICIAN
OR CORONERPrimary ^{How long} Encephalitis 1 weekImmediate ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. Gibbons

Address Crown md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxen Hill</i> ^{Town}		<i>Pr. Geo.</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>4</i> ^{Month}	<i>19</i> ^{Day}	<i>42</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Md.</i>		
Occupation <i>General Labor</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed	Name of Wife or husband <i>Eliza Craig</i>				
Father's Name <i>John Craig</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Maria Marshall</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Bazil Tillman</i>	How related to deceased <i>Bro in law</i>				

CAUSES OF DEATH

120

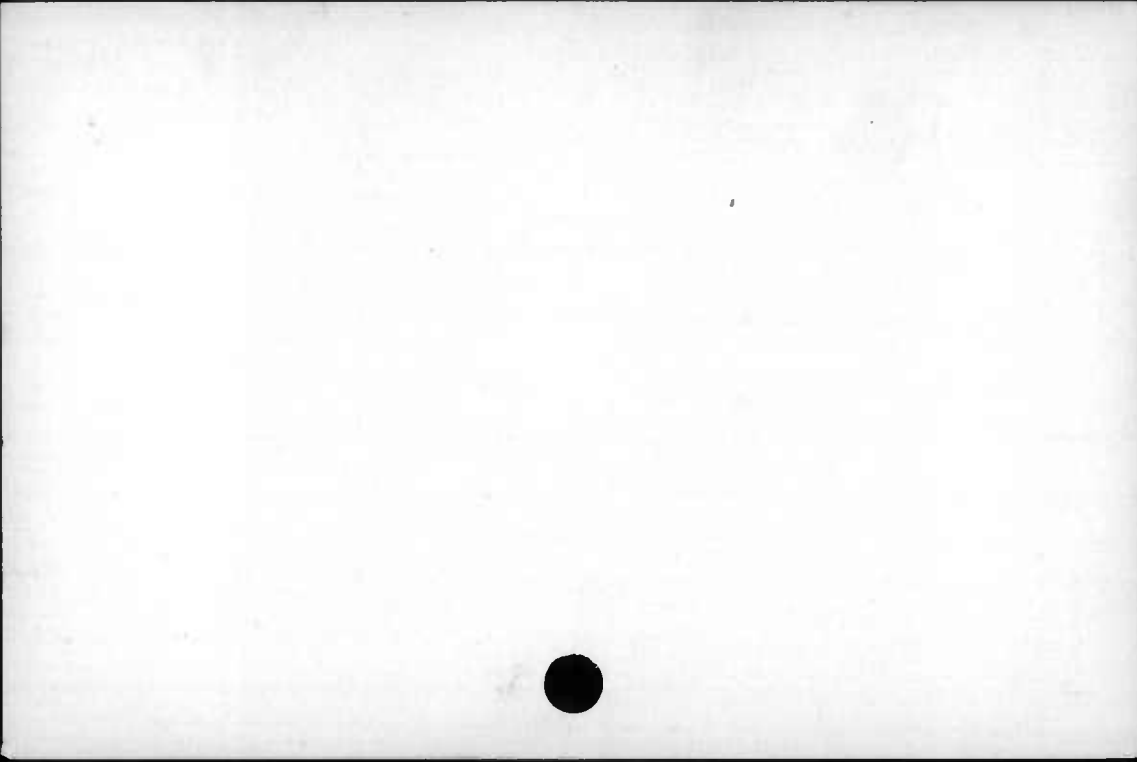
PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>2 years</i>
Immediate <i>Dropsy + Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Brimpro M.D.</i>
	Address <i>-</i>
Accident or Suicide? <i>-</i>	

ROSECROFT,

PR. GEO. CO. MD.

LIBRARY BUREAU 48816



Name
in Full

Wm. Willing Cronmiller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Lanard Town Pr. George Co County

Date of death 1908 Month April Day 17th Age 83 Years Months — Days 17

Sex Male Color or Race White Birth-place Baltimore

Occupation None Where Residing if not at place of death 211 E. Champagne

Married, Single or Widowed Widowed Name of Wife or Husband Mary Jane Cronmiller

Father's Name John Cronmiller M.D. Father's Birthplace Baltimore

Mother's Maiden Name Mary Ann Willing Mother's Birthplace New York

Name of person giving information John Cronmiller M.D. How related to deceased Brother

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary Bronchitis How long Six days

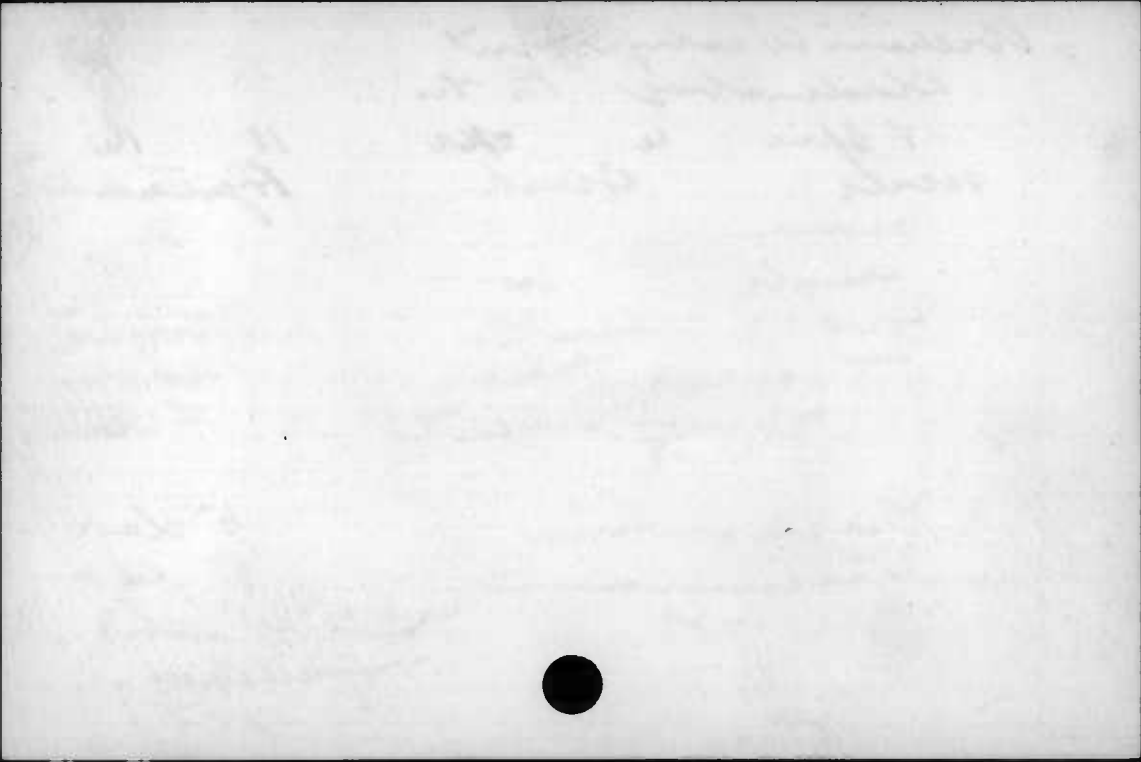
Immediate Heart - Failure How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John Cronmiller

Address Lanard Md

Accident or Suicide? No



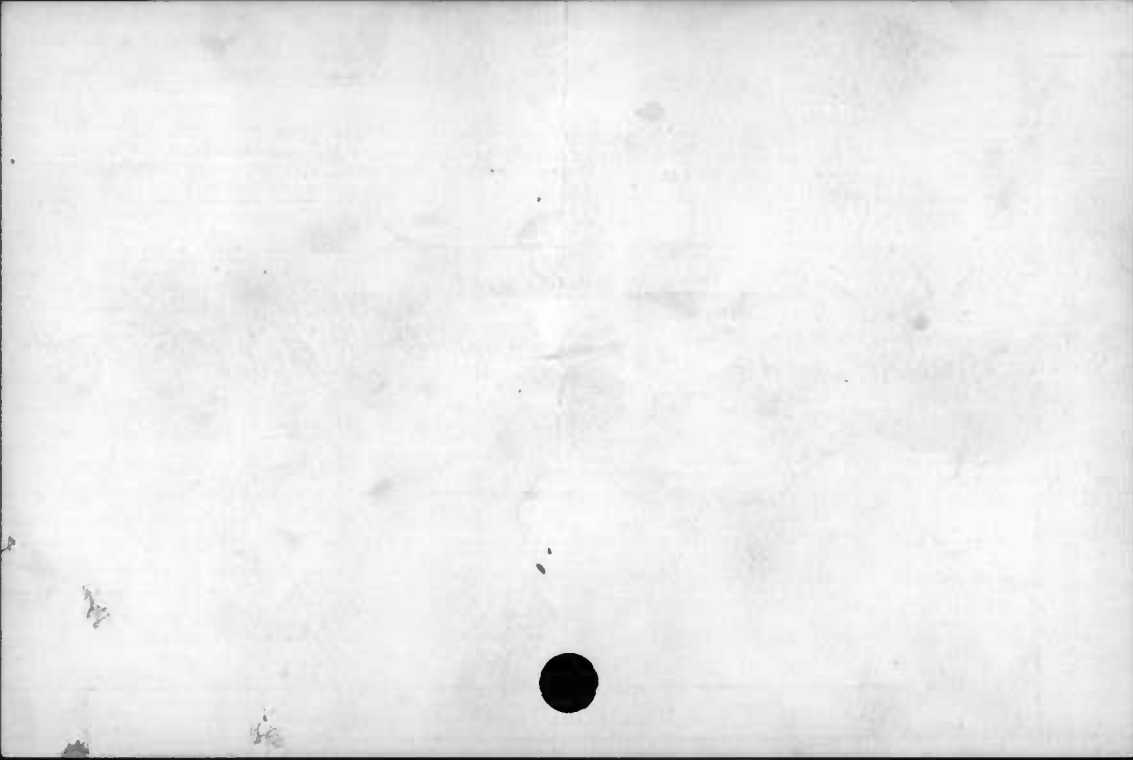
Name in Full		Edward DeNeal				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Upper Marlboro		Prince Georges		MARYLAND	
	Date of death		1908		Age		78	
	Sex		Male		Color or Race		Colored	
	Occupation		None		Birth-place		Md	
	Married, Single or Widowed		Widowed		Name of Wife or Husband		Littie DeNeal	
	Father's Name		Unknown		Father's Birthplace		Unknown	
	Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Mathis DeNeal		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Complication of disease				How long 3 yrs	
	Immediate		Uremia				How long 4 days	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Reverdy Saxena			
	Accident or Suicide?		Address		Upper Marlboro Md			



Name in Full William Wesley Hunt		Town Bladensburg		County Pr Geo		CERTIFICATE OF DEATH	
Died at		Date of death 1908 April 6		Age other		Months 11	
Sex male		Color or Race Black		Birth-place Higatonsville Md		Days 16	
Occupation none		Where Residing if not at place of death -					
Married, Single or Widowed single		Name of Wife or Husband none					
Father's Name Henry Hunt		Father's Birthplace Maryland					
Mother's Maiden Name Freda Hall		Mother's Birthplace Maryland					
Name of person giving information Henry Hunt		How related to deceased Father					
		CAUSES OF DEATH		<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 24px; font-weight: bold;">93</div> </div>			
Primary Pneumonia		How long 5 days					
Immediate Pneumonia		How long 5 days					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. G. Willis					
		Address Higatonsville Md					
Accident or Suicide? no							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Clinton* Town*P.G.* CountyDate of death *1908* Month *April* Day *25*Age *36* Years

Months

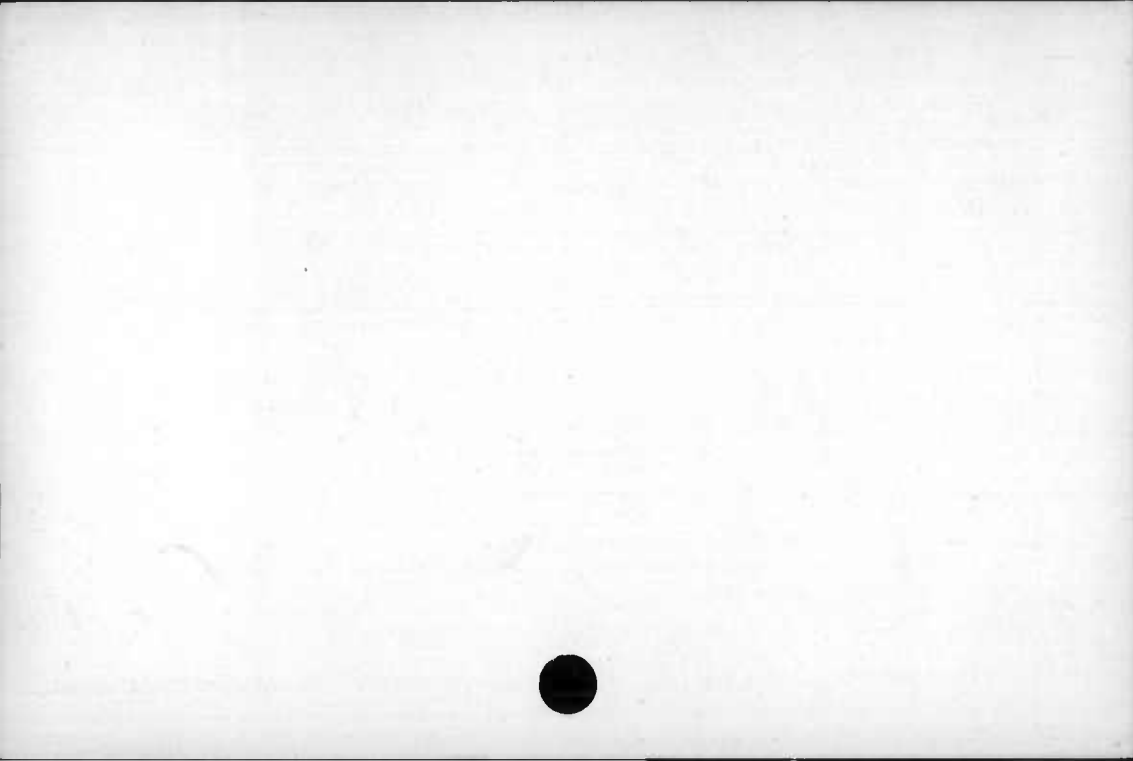
Days

Sex *Female*Color or Race *Black*Birth-place *Ind*Occupation *housework*Where Residing if not at place of death *Home*Married, *Yes*
or *Widowed*Name of Wife or Husband *Sam, Douglas*Father's Name *Charles Butler*Father's Birthplace *Ind*Mother's Maiden Name *Cynthia Butler*Mother's Birthplace *Ind*Name of person giving information *Sam, Douglas*How related to deceased *Husband*

CAUSES OF DEATH

Primary *Suppressed lochia*How long *3 weeks*Immediate *Pneumonia*How long *5 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. F. Wainwright*Address *Clinton*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Berwyn</i>		County <i>Pr. Geo.</i>				
Date of death <i>1908</i>	Month <i>April</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Berwyn Md</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm East Sudley</i>			Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Alice R. Watson</i>			Mother's Birthplace <i>Mich.</i>			
Name of person giving information <i>Wm East Sudley</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Anaesthesia</i>	How long <i>—</i>
Immediate <i>Fracture</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N O Etienne</i>
Accident or Suicide? <i>—</i>	Address <i>Berwyn Md.</i>

Robert T. Ford
and B. B. Ford

1880

John A. Ford

Harmon

James

Robert

William

Robert T. Ford

James

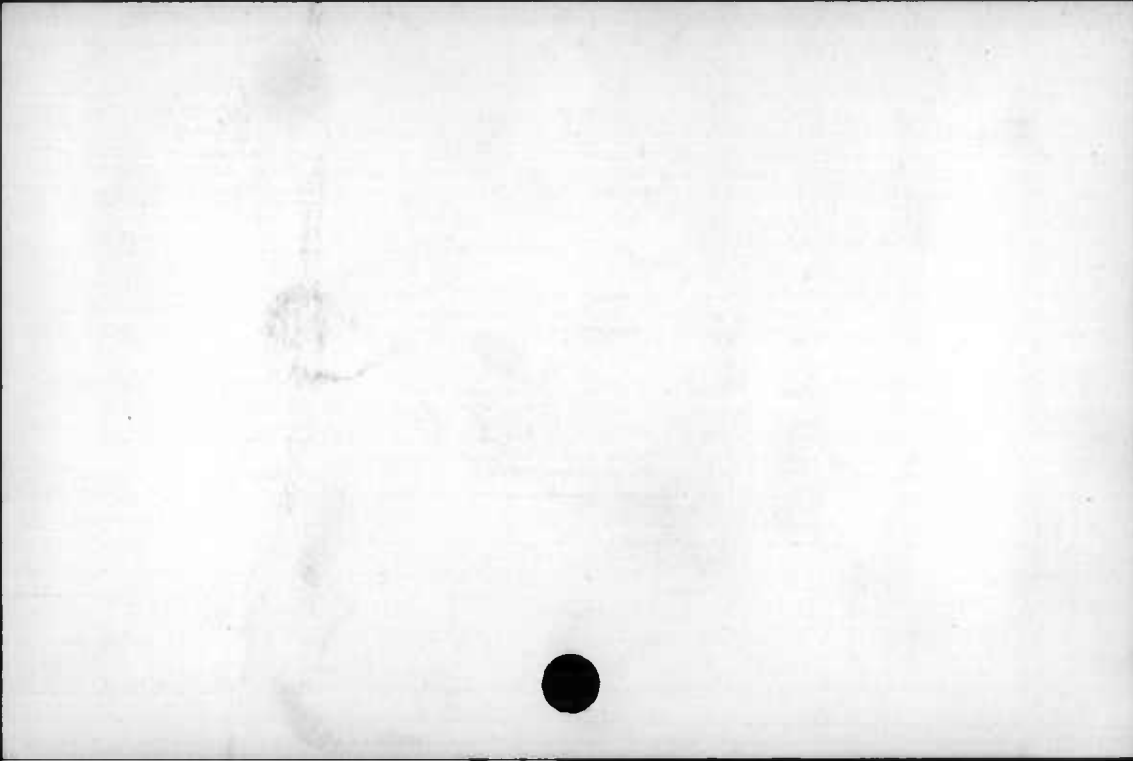
Robert T. Ford

Robert T. Ford

Robert T. Ford

James

Name in Full		Dorothy E. Friday				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Riverdale		County Pr. Geo.		MARYLAND	
	Date of death	1908	Month Apr	Day 15	Age 66	Months —	Days —
	Sex	female		Color or Race	white		Birth-place
	Occupation	Housewife		Where Residing if not at place of death —			
	Married, Single or Widowed	widowed		Name of Wife or Husband Robertson			
	Father's Name	Unknown				Father's Birthplace	unknown
	Mother's Maiden Name	Unknown				Mother's Birthplace	unknown
	Name of person giving information	Henry E. Friday				How related to deceased	son
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">167</div>							
PHYSICIAN OR CORONER	Primary	Burn				How long	24 hrs.
	Immediate	Hypostatic pneumonia				How long	few hours
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				Isaiah W. Ratermiller		
	Address				Higdonville Ind		
Accident or Suicide? Yes							



Name in Full Emma Gladdeu.		CERTIFICATE OF DEATH	
Died at Accokeek <small>Town</small>		Pr Geo. <small>County</small>	
Date of death 1908 <small>Month</small> April <small>Day</small> 7		Age 35 <small>Years</small> - <small>Months</small> - <small>Days</small>	
Sex Female		Color or Race Colored.	
Occupation Housewife		Birth-place Accokeek Md	
Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband Jeremiah Gladdeu.	
Father's Name - Blair		Father's Birthplace Accokeek Md.	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown.	
Name of person giving information		How related to deceased	
<div>CAUSES OF DEATH</div> <div>(27)</div>			
Primary		How long	
Immediate Tuberculosis		about six months.	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. S. Hurst, M.D.	
Address Accokeek Md.			
Accident or Suicide?			



Name
in
Full

Mary G. Goble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

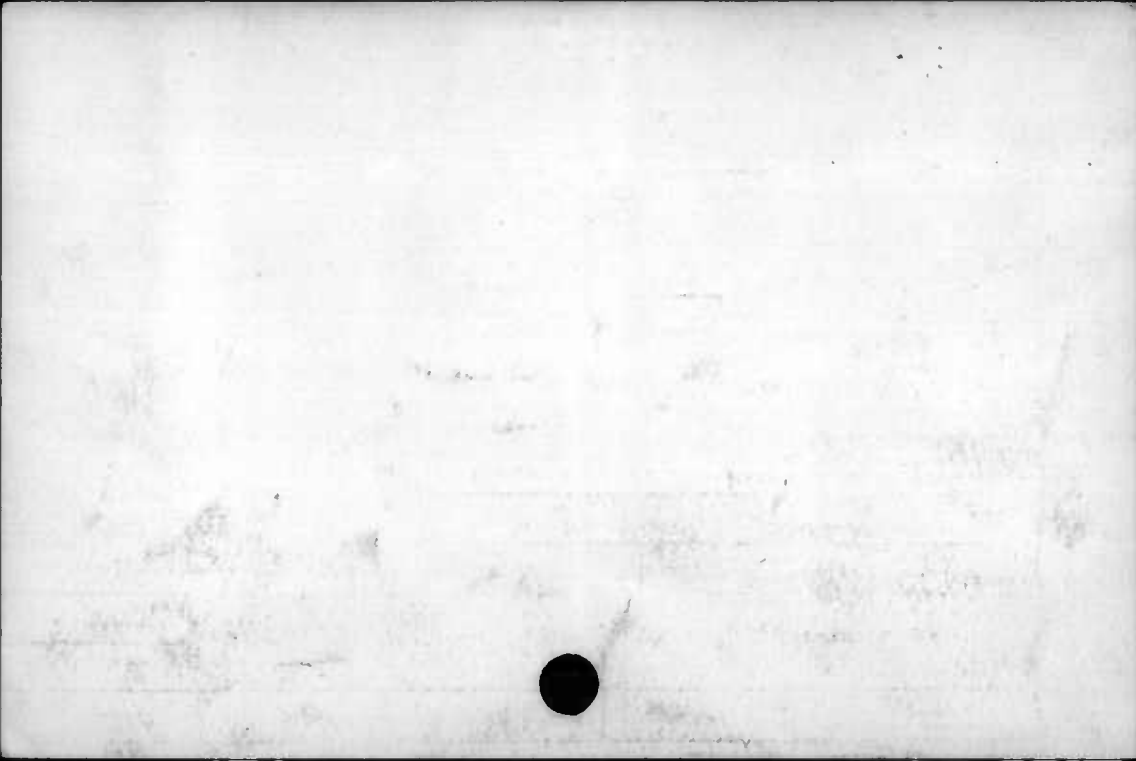
Died at ^{Town} Fairmont Heights		^{County} P. G. Co.		MARYLAND	
Date of death	1908	Month	Apr	Day	18
Age		70		Months	—
Sex	female	Color or Race	white	Birth-place	Penn.
Occupation	house duties		Where Residing if not at place of death		
Married, Single or Widowed	widowed	Name of Wife or Husband	Oscar Goble (deceased)		
Father's Name	Daniel V. Drake		Father's Birthplace	Penn.	
Mother's Maiden Name	Elizabeth Gulick		Mother's Birthplace	Penn.	
Name of person giving information	Florence Goble		How related to deceased	daughter	

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary	Pleuritis	How long	6 days -
Immediate	asthenia	How long	6 hours -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		G. M. Brady	
		Address	
		Rendworth D.C.	
Accident or Suicide?			



Name
in
Full

Charity Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

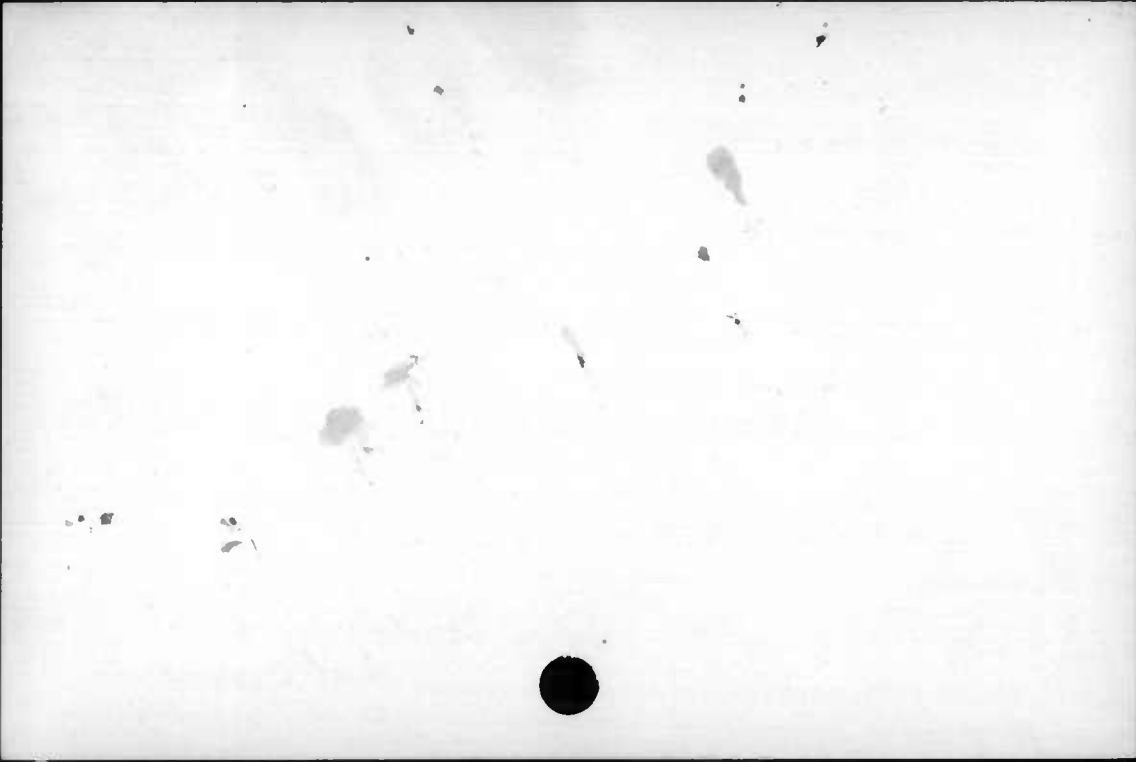
Died at <i>Marlboro</i> Town		<i>Ales</i> County		MARYLAND	
Date of death <i>1908 Apr</i>	Month <i>Apr</i>	Day <i>7</i>	Years <i>63</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ales Co. Va</i>		
Occupation <i>Cook</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Joe Greenfield</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary <i>Stomach - Lungs</i>	How long <i>1 hr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Griffith</i>
	Address <i>Upper Marlboro</i>
Accident or Suicide? <i>Head when standing</i>	<i>9</i>



Name
in
Full

No name Grimes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Northkeys</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>April</i>		Day <i>21</i>	Age _____ Years _____	Months _____	Days _____
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Harry N. Grimes</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Cora Lee Hyde</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Harry N. Grimes</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>still born</i>	How long _____
Immediate		How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ernest W. Barnes</i>
		Address <i>Act' Coroner</i>
Accident or Suicide? <i>7</i>		<i>Northkeys, Md.</i>



Name
in
Full

Rosa Anne Harley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Oxen Hill Town Pr. Geo. County

Date of death 1908 Month 4 Day 16 Age 57 Years Months — Days —

Sex Female Color or Race Colored Birth-place Md.

Occupation House wk Where Residing if not at place of death —

Married, ~~Single~~ — Name of Wife or Husband Richard Harley

Father's Name John L. Harley Father's Birthplace Md.

Mother's Maiden Name Elizabeth Butler Mother's Birthplace Md.

Name of person giving information Richard Harley How related to deceased Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tubercular Bronchitis How long 2 yrs

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

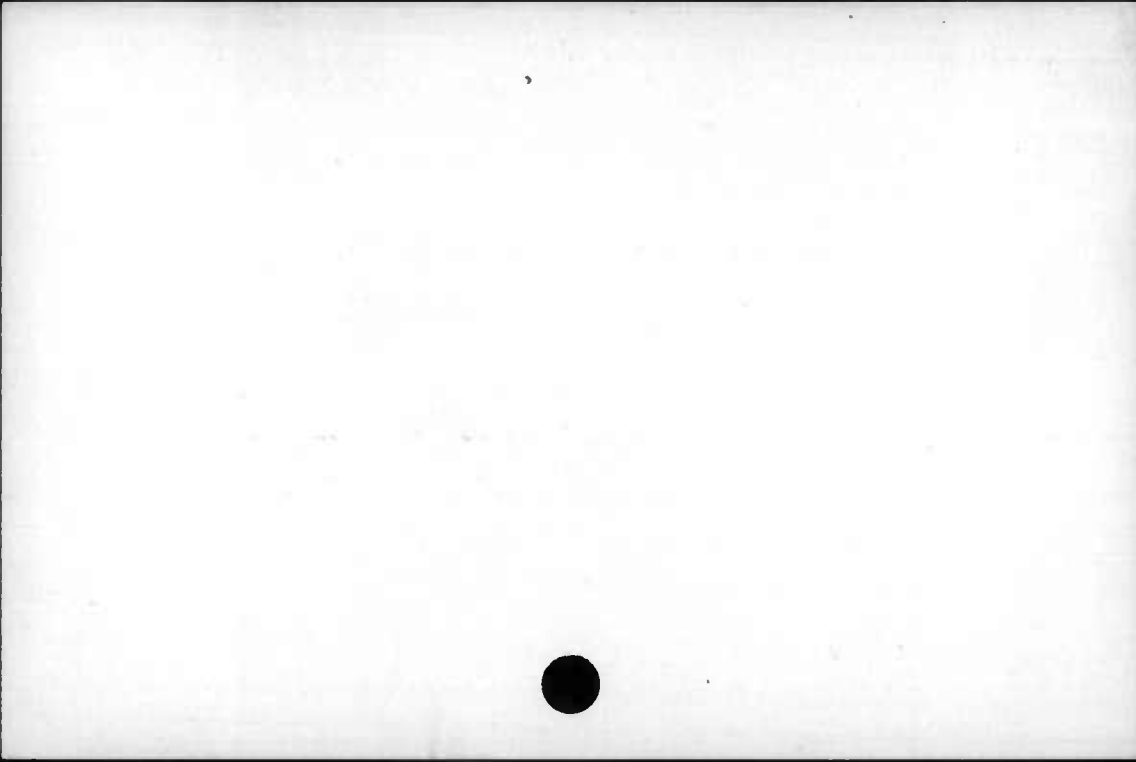
Signature of Physician

E. P. Simpson

Address

Roxcroft Md.

Accident or Suicide?



Name
in
Full

Mrs. Elizabeth Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

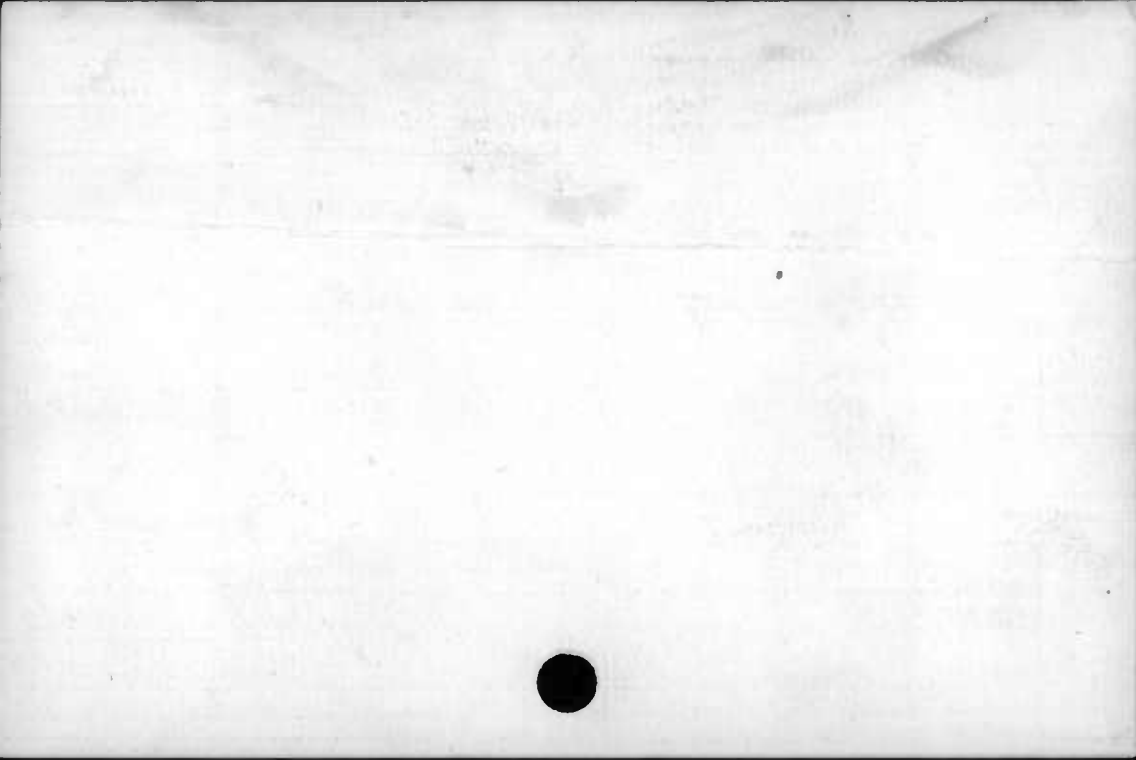
Died at <i>Capitol Heights</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>3</i>	Age <i>74</i>	Years <i>74</i> Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Del.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Edward Collings</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Cameron</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>H. H. Harris</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>About 2 months.</i>
Immediate	<i>Cardiac failure</i>	How long	<i>About 3 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. A. Schoonover</i>
		Address	<i>Berning</i>
Accident or Suicide?	<i>—</i>		<i>at C</i>



Name
in
Full

Robert Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at new Seeland ^{Town}P. Y. ^{County}

MARYLAND

Date
of death 1908Month
4Day
2Age
1

Year

Months

Days

Sex

MaleColor or
RaceBlackBirth-
placeBaltimore Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameRobert M HicksFather's
BirthplaceDon't know.Mother's
Maiden NameElla NelsonMother's
BirthplaceP. Y. BoardName of person giving
informationPhilip Nelson JrHow related
to deceasedNephew

CAUSES OF DEATH

179PHYSICIAN
OR CORONER

Primary

Don't know

How long

Since fifth

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

R Enoch Smith actg
Sub Registrar
Upper Marlboro Md.

Accident or Suicide?



Name
in
Full

Minnie J. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Croom Sta</i> <small>Town</small>		<i>P. Lev</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>April</i>	Day	<i>17</i>
Sex	<i>Female</i>	Color or Race	<i>Coloured</i>	Birth-place	<i>Md.</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>William H Johnson</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Alice Johnson</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>William H Johnson</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. H. Gibbons</i>	
		Address	
		<i>Croom Md</i>	
Accident or Suicide?			



Name
in
Full

Christon Maryland

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodmore</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death <u>1907</u> Month <u>April</u> Day <u>17</u>		Age <u>2</u> Years		Months <u>7</u> Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Woodmore</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>George W. Maryland</u>		Father's Birthplace <u>a a b o</u>			
Mother's Maiden Name <u>Addie E. Crosby</u>		Mother's Birthplace <u>a a b o</u>			
Name of person giving information <u>Lon Maryland</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

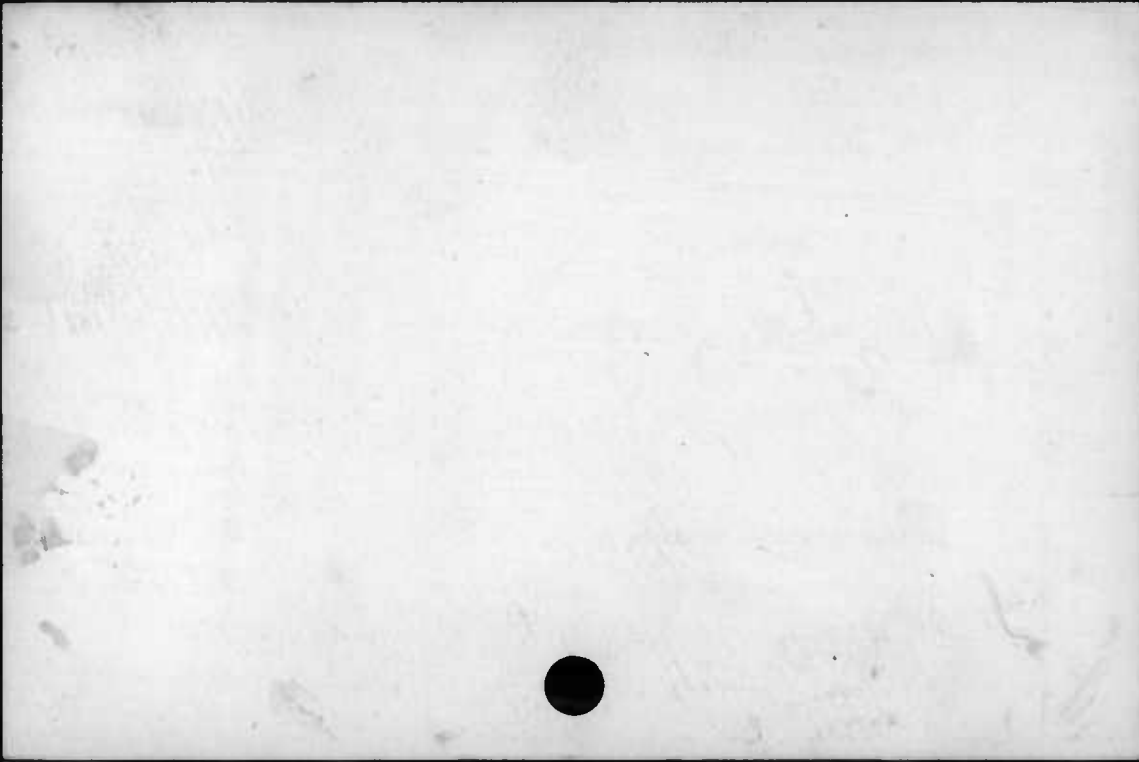
92

PHYSICIAN
OR CORONER

Primary <u>Branchial Pneumonia</u>		How long <u>1 day</u>	
Immediate <u>Explosion</u>		How long <u>few hours</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John D. Wall M.D.</u>	
		Address <u>Springfield Md.</u>	
Accident or Suicide? <u>No</u>			



Name In Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Date		Age		Months		Days	
		1908		April		20		3			
		Sex		Color or Race		Birthplace					
		Male		Black		Ma					
		Occupation		Where Residing if not at place of death							
		None		Laurel							
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace		How related to deceased	
		Single		None		Ma		Ma		Halter	
		Father's Name		James Mathews							
		Mother's Maiden Name		Annie Wilson							
		Name of person giving information		James Mathews							
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">74</div>											
PHYSICIAN OR CORONER		Primary		Cerebral Abscess		How long		3 mo			
		Immediate		Convulsions		How long		Less hours			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address					
		Yes		J. R. Hunt		Laurel					
		Accident or Suicide?									



Name
in
Full

Jessie M. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

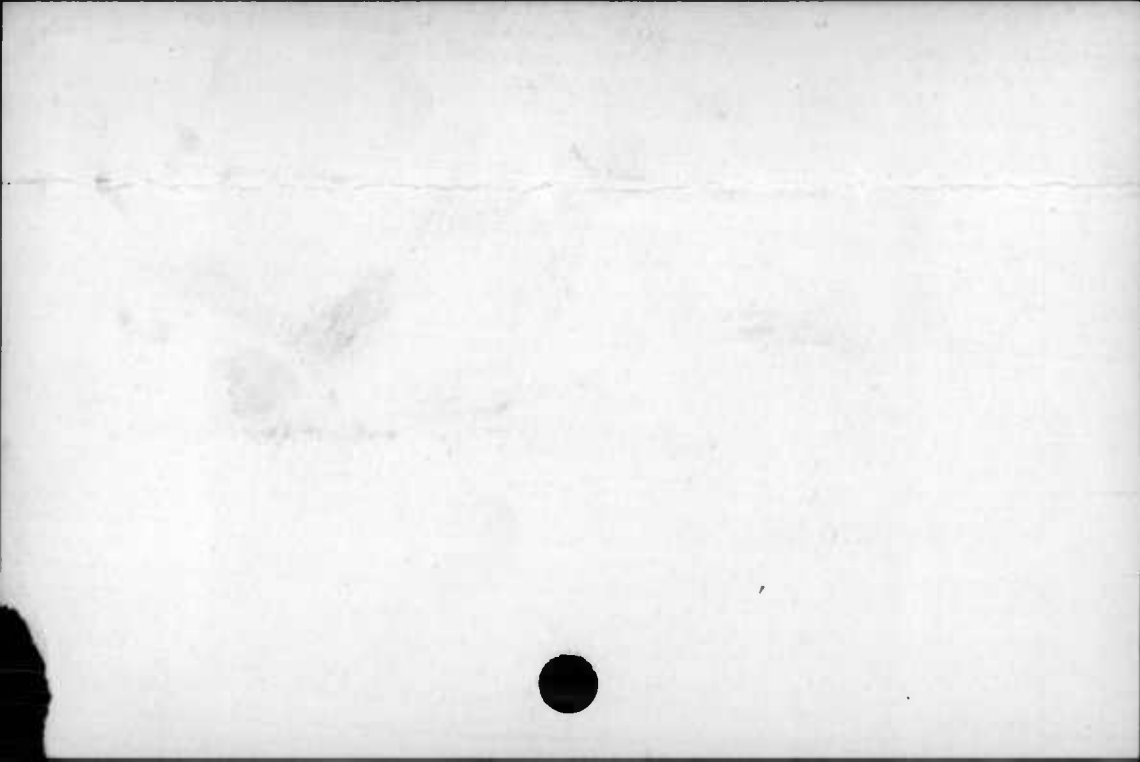
Died at <i>near I. B.</i>		County <i>P. George</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>8</i>	Age <i>15</i>	Years <i>15</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Servant</i>	Where Residing if not at place of death <i>At Home</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James H. Moore</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Ross Bruce</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>James H. Moore</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. O. Monroe</i>
	Address <i>Waldorf</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Newman</i>		Town <i>Baden</i>		County <i>Prince George</i>		MARYLAND					
Died at		Month <i>Apr.</i>		Day <i>13</i>		Years <i>2</i>		Months <i>10</i>		Days	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Baden Md.</i>					
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>							
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>							
Father's Name <i>Rayman Newman</i>				Father's Birthplace <i>near Baden Md.</i>							
Mother's Maiden Name <i>Harriet Tracker</i>				Mother's Birthplace <i>Unknown.</i>							
Name of person giving information <i>Frank Stewart</i>				How related to deceased <i>No relation</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days.</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>1/2 hour (2:15)</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. D. Chauncy</i>	
		Address <i>Baden, Md.</i>	
Accident or Suicide? <i>9</i>			



Name
in
Full

William Ogden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camp Springs</u>		<u>P.G.</u> County		MARYLAND	
Date of death	1908	Month	April	Day	5th
Age	77	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	House	Where Residing if not at place of death <u>Home</u>			
Married or Widowed	Name of Wife or Husband <u>John Ogden - when alive</u>				
Father's Name	<u>William Allen</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Not known - Allen</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Charles Ogden</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<u>Old age - Congestion of</u>	How long	<u>3 days</u>
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. L. Waring</u>	
Yes		Address <u>Clinton</u>	
Accident or Suicide?			

Call this
Wednesday
8th

200 00

23

Wednesday

1000

Wednesday
10th

1000

Wednesday
10th

1000

Name
in
Full

Earle Parks -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bladensburg <small>Town</small>		Pr <small>County</small>		MARYLAND	
Date of death 1908	Apr <small>Month</small>	20 <small>Day</small>	Age 0 <small>Years</small>	13 <small>Months</small>	— <small>Days</small>
Sex male	Color or Race white	Birth-place Bladensburg		ma	
Occupation None	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband none				
Father's Name Knightrn Parks	Father's Birthplace Bladensburg Md		Mother's Birthplace Calvert Co		
Mother's Maiden Name Mary Marquess	Name of person giving In formation Knightrn Parks		How related to deceased Father		

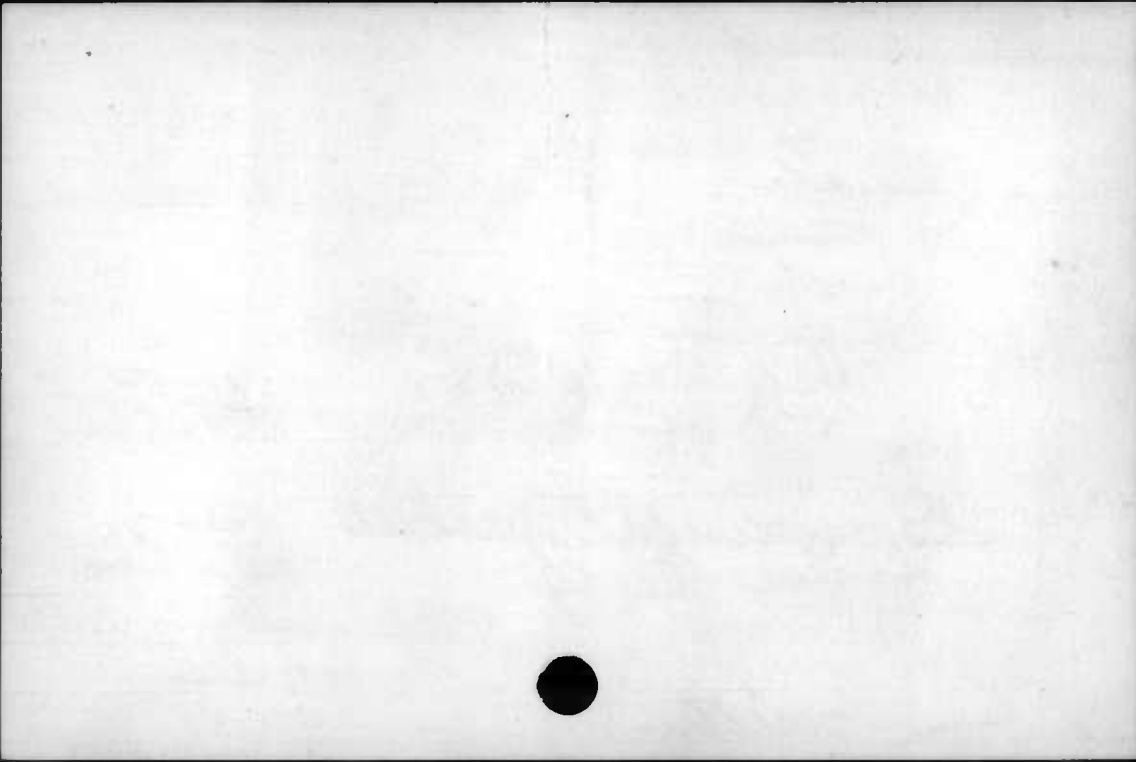
Child rolled out of crib,
breaking a rib, which punctured the lung.

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Traumatic pneumonia	How long 1 wk
Immediate Toxaemia	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thos E Ratermes M.D.
	Address Hyattsville
Accident or Suicide? Neither	md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Largo ^{Town}		P.O. ^{County}		MARYLAND	
Date of death 190 8 ^{Month} 4 ^{Day} 23		Age 1 ^{Years}		Months 1 ^{Days}	
Sex Female	Color or Race Black	Birth-place md			
Occupation none		Where Residing if not at place of death			
Married Single Single or Widowed		Name of Wife or Husband			
Father's Name Ignatius Queen		Father's Birthplace md			
Mother's Maiden Name Jennie Brooks		Mother's Birthplace md			
Name of person giving information Ignatius Queen		How related to deceased Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Congenital Weakness	How long 24 hrs.
Immediate Since Birth	How long 24 hrs.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. S. Samsbury MD
no phys-ian attending	Address Forestville md
Accident or Suicide? neither	

12/25



Name
in
Full

Charles H Riles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

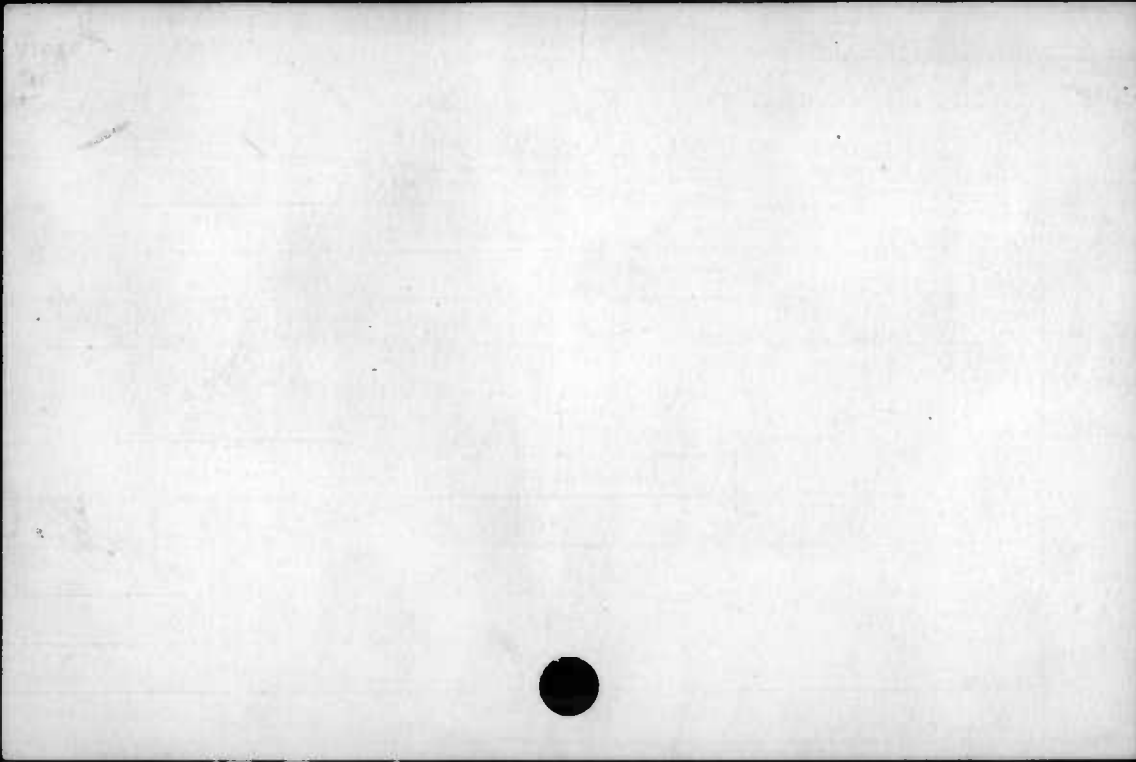
Died at <i>Bladensburg</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>April</i> ^{Month}	<i>9</i> ^{Day}	<i>64</i> ^{Years}	<i>11</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Kentucky</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary Virginia Riles</i>		
Father's Name	<i>John Westly Riles</i>		Father's Birthplace	<i>Dont know</i>	
Mother's Maiden Name	<i>Dont know</i>		Mother's Birthplace	<i>11</i>	<i>11</i>
Name of person giving information	<i>Mary V. Riles</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Griffis</i>	How long	<i>3 months</i>
Immediate	<i>general debility</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. C. Willis</i>
		Address	<i>Hyattsville</i>
Accident or Suicide?			<i>See</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Bernard Schneider

Town *Berwyn* County *Prince Georges* MARYLAND

Died at *Berwyn*

Date of death *1908 April 12* Age *52* Months Days

Sex *Male* Color or Race *White* Birth-place *on the sea*

Occupation *Butcher* Where Residing if not at place of death *Berwyn*

Married, Single or Widowed *married* Name of Wife or Husband *Ellen L Schneider*

Father's Name *unknown* Father's Birthplace *Germany*

Mother's Maiden Name *unknown* Mother's Birthplace *Germany*

Name of person giving information *Sydia Thorsythe* How related to deceased *step daughter*

CAUSES OF DEATH **(64)**

PHYSICIAN
OR CORONER

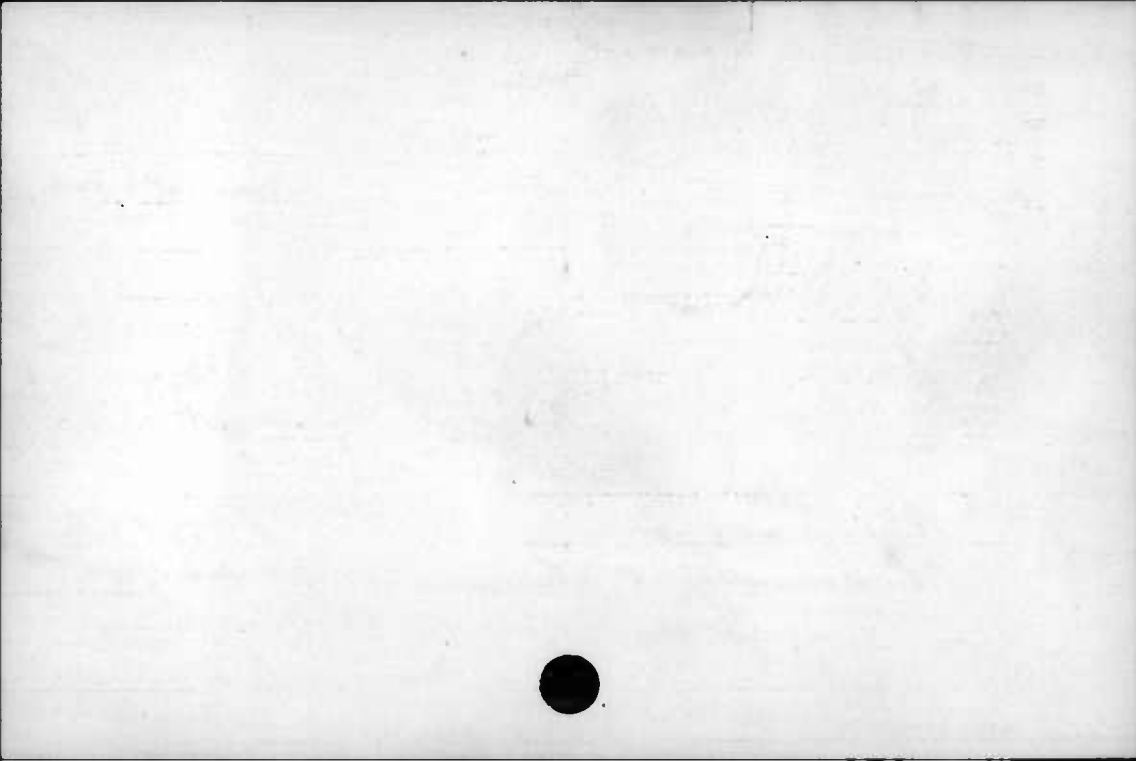
Primary *Apoplexy* How long *Immediate*

Immediate

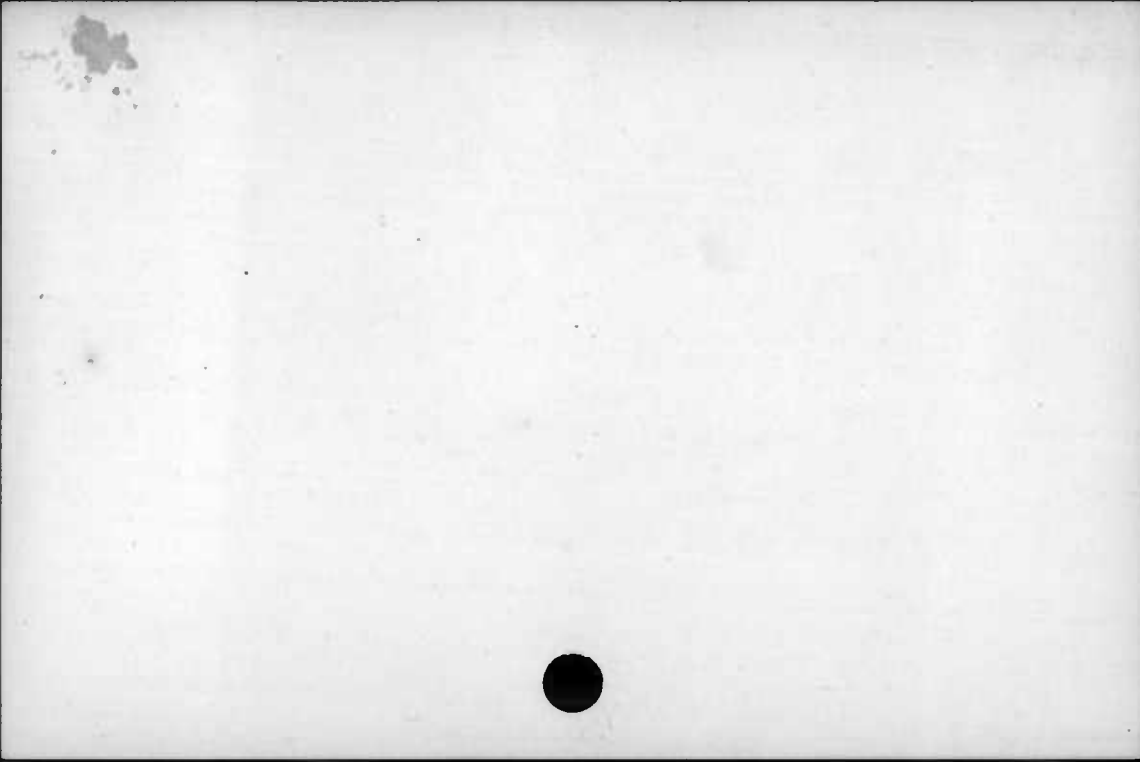
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John J. Burch* Address *Acting Coroner*

Accident or Suicide?



Name in Full		Mary Eleonora Scott				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Surrey		Princeton		Georgia			
	Date of death	1908	Month	4	Day	16	Age	
	10		Years		8		Months	
	7		Days					
	Sex	Female		Color or Race	White		Birth-place	Surrey, Mo
Occupation	None		Where Residing if not at place of death					
Married, Single or Widowed	Child		Name of Wife or Husband					
Father's Name	James L. Scott					Father's Birthplace	Laurel	
Mother's Maiden Name	Carrie B. Scaggs					Mother's Birthplace	Howard Co	
Name of person giving information	Carrie B. Scott					How related to deceased	Mother	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(47)</div>								
PHYSICIAN OR CORONER	Primary	Phenacetic					How long	7 weeks
	Immediate	Endocarditis et Chorea					How long	16 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. C. Moore	
					Address		Surrey	
	Accident or Suicide?							



Name
in
Full

Annie Maria Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Arduwick* ^{County} *Prince George* **MARYLAND**

Date of death *1908* ^{Month} *April* ^{Day} *17th* ^{Years} *75* ^{Months} ^{Days}

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Aloysius Simms*

Father's Name *Sam Thomas* Father's Birthplace *Ind*

Mother's Maiden Name *Billy Guy* Mother's Birthplace *Ind*

Name of person giving information *Aloysius Simms* How related to deceased *Husband*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Natural causes* ^{How long} *about two months*

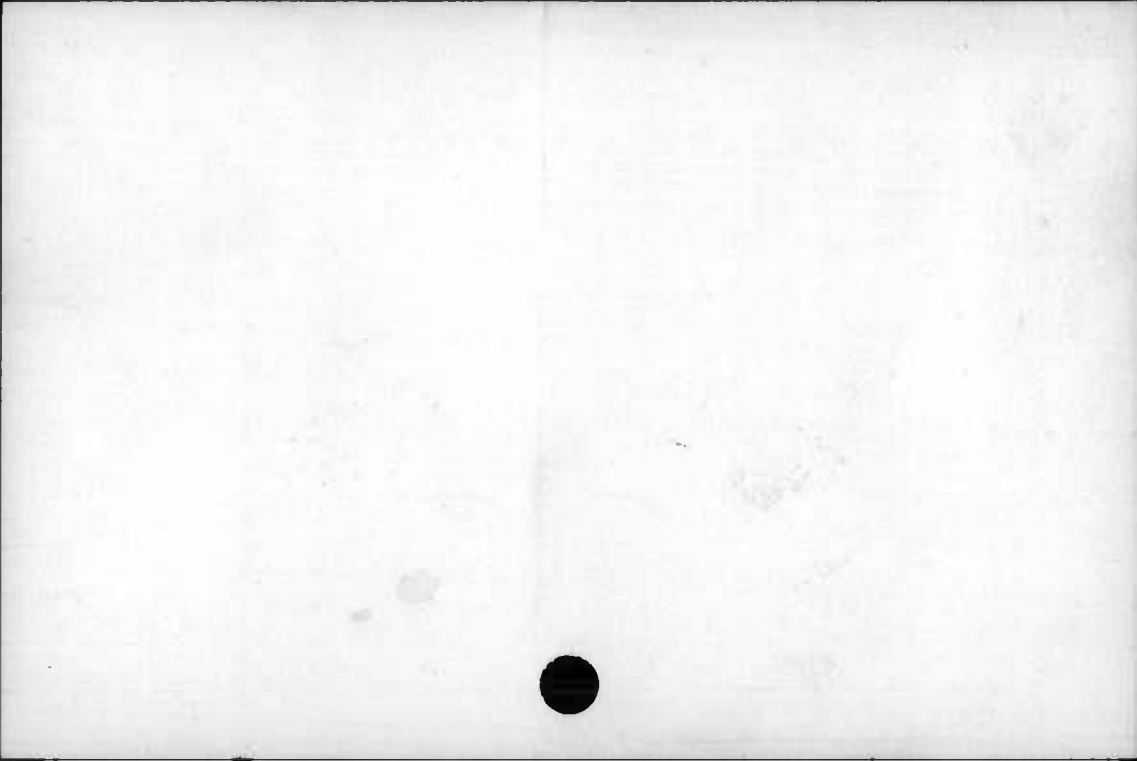
Immediate ^{How long}

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Augustus H Dahler* Address *Acting Coroner*

Bladensburg Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

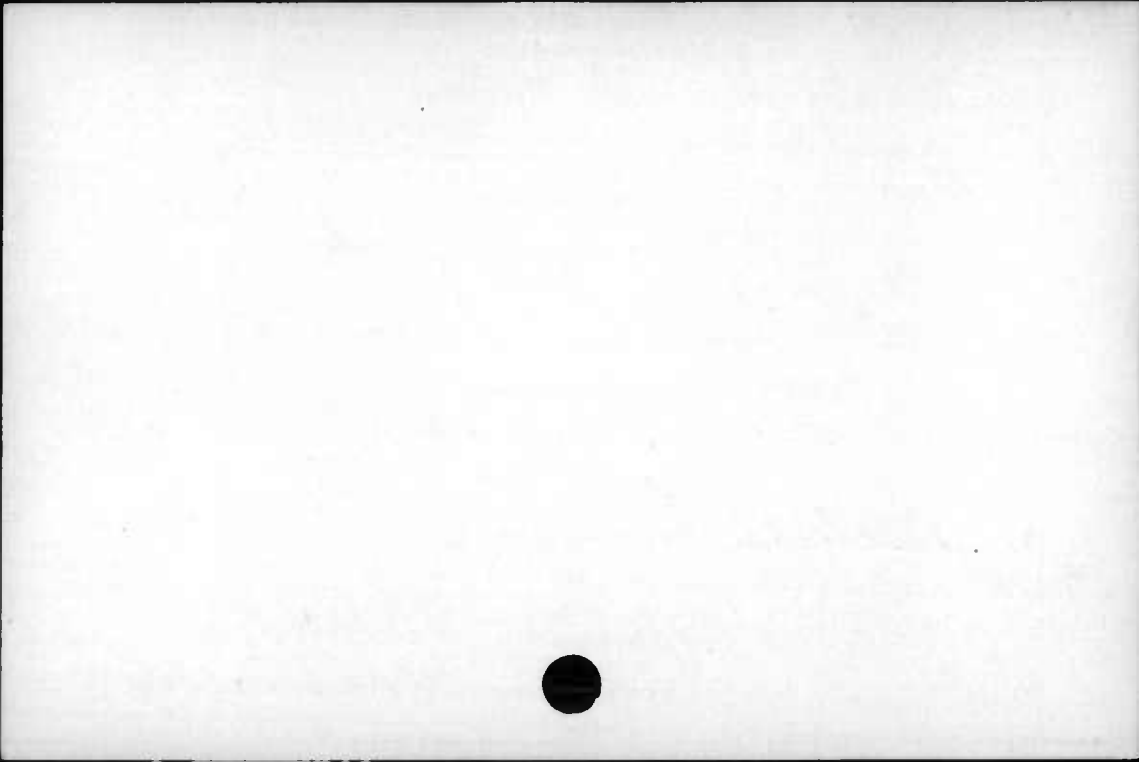
Name in Full Harrison Smith		Town Chatterhouse		County Pr Geo		MARYLAND	
Died at Chatterhouse House		Month April		Day 18		Years 15	
Date of death 1908		Months 6		Days			
Sex Male		Color or Race Colored		Birth-place Ind			
Occupation Inmate		Where Residing if not at place of death House of Reformation Chatterhouse Ind					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Frank Smith		Father's Birthplace Ind					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information John B. Pyles		How related to deceased Son					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long Unknown
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. H. Gibbons
	Address Croom Ind.
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Meadows</i>		Town <i>Pr Geo</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Apr</i>	Day <i>2</i>	Age <i>52</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>unknown</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Georgia Smith</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Bernard Thompson</i>		How related to deceased <i>Worse</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Tumor</i>	How long	<i>3 1/2 yrs.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>I suppose</i>		Signature of Physician <i>St. Hippok</i>	
		Address <i>Upper Marlboro.</i>	
Accident or Suicide?			



Name

in

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>18</i> <small>Day</small>	Age <i>83</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>			
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Washington D.C.</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Hanna Haarlinger</i>				
Father's Name <i>Lazier</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information	How related to deceased <i>J.</i>				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>14 years</i>
Immediate <i>Broncho-Pneumonia & Myxo. Cong. Lung</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Emelius Jellison M.D.</i>
	Address <i>Laurel, Md.</i>
Accident or Suicide?	



Name
in
Full

Rebecca Sturgis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

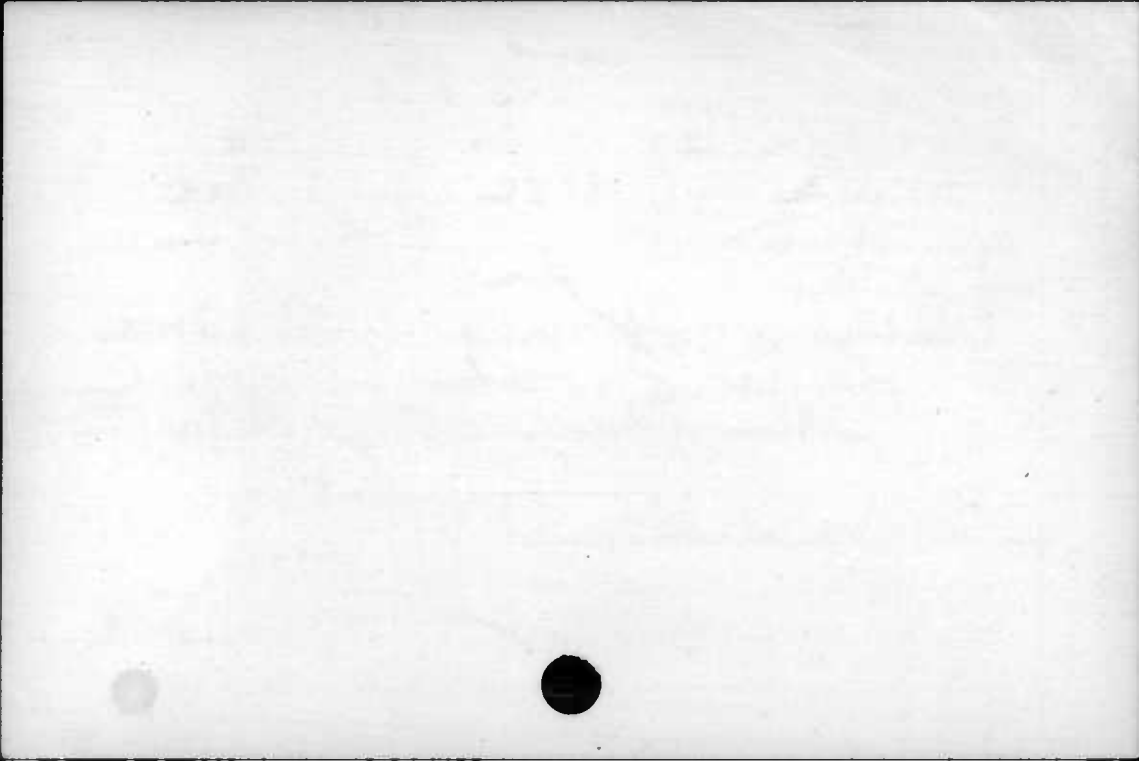
Died at <i>Rosaryville</i>		Town <i>Rosaryville</i>		County <i>R Geo</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>18</i>	Years <i>72</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>R Geo Co Md</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>none</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Samuel Sturgis</i>					
Father's Name <i>John Windsor</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>Wedding</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Susan Hamilton</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of heart</i>		How long <i>1 year</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. A. Griffith</i>	Address <i>Upper Marlboro Md</i>
Accident or Suicide?			



Name
in
Full

Thomas

CERTIFICATE OF DEATH

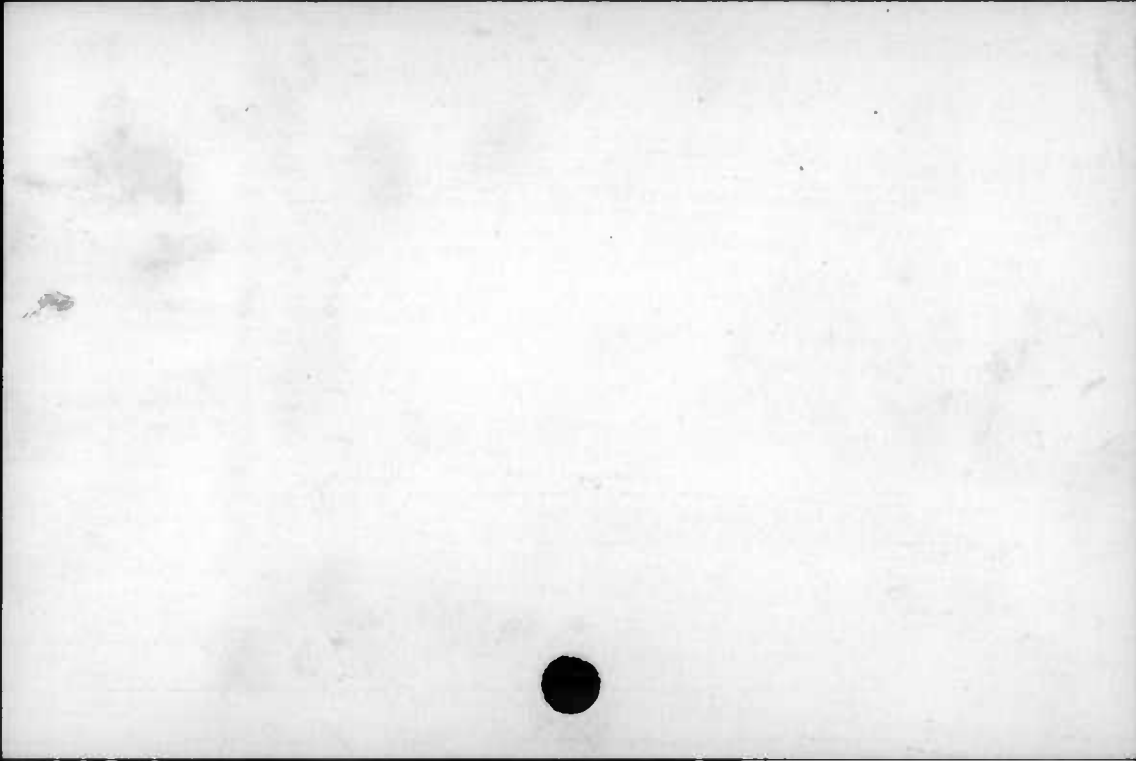
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Swittand</u> ^{Town}		<u>P.G.</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>4</u> ^{Month}	<u>21</u> ^{Day}	Age <u>Years</u>	Months <u>23</u>	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>N.A.</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>W.H. Thomas</u>			Father's Birthplace <u>Mo.</u>		
Mother's Maiden Name <u>Mary O. Prier</u>			Mother's Birthplace <u>N.A.</u>		
Name of person giving information <u>W.H. Thomas</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>10 days</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John E. Sambury</u>
<u>No Dr in attendance</u>	Address <u>Forestville</u>
Accident or Suicide? <u>neither</u>	<u>N.A.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanham</i>		Town <i>Thomas</i>		County <i>P. Geo</i>		MARYLAND	
Date of death	1908	Month	June	Day	27	Age	Years 6
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ma</i>		Months 3	
Occupation <i>none</i>		Where Residing if not at place of death <i>Lanham</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>William Thomas</i>		Father's Birthplace <i>Ma</i>					
Mother's Maiden Name <i>Laura Powell</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving information <i>Mr Thomas</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>chronic gastritis</i>	How long <i>6 weeks</i>
Immediate <i>transmission</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Reedley W. S.</i>
	Address <i>Sandy</i>
Accident or Suicide?	



Name
in
Full

Harriett Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Rosecroft* ^{Town} *Pr Geo* ^{County}

Date of death *1908* ^{Month} *4* ^{Day} *10* ^{Years} *22* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *Colored* Birth-place *Mo*

Occupation *Housework* Where Residing if not at place of death *—*

Married, ~~Single~~ *Married* Name of ~~Wife~~ *Husband* *William Thompson*

Father's Name *Charles Marlow* Father's Birthplace *Mo*

Mother's Maiden Name *Eliza Bush* Mother's Birthplace *Mo*

Name of person giving information *William Thompson* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *6 mo*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

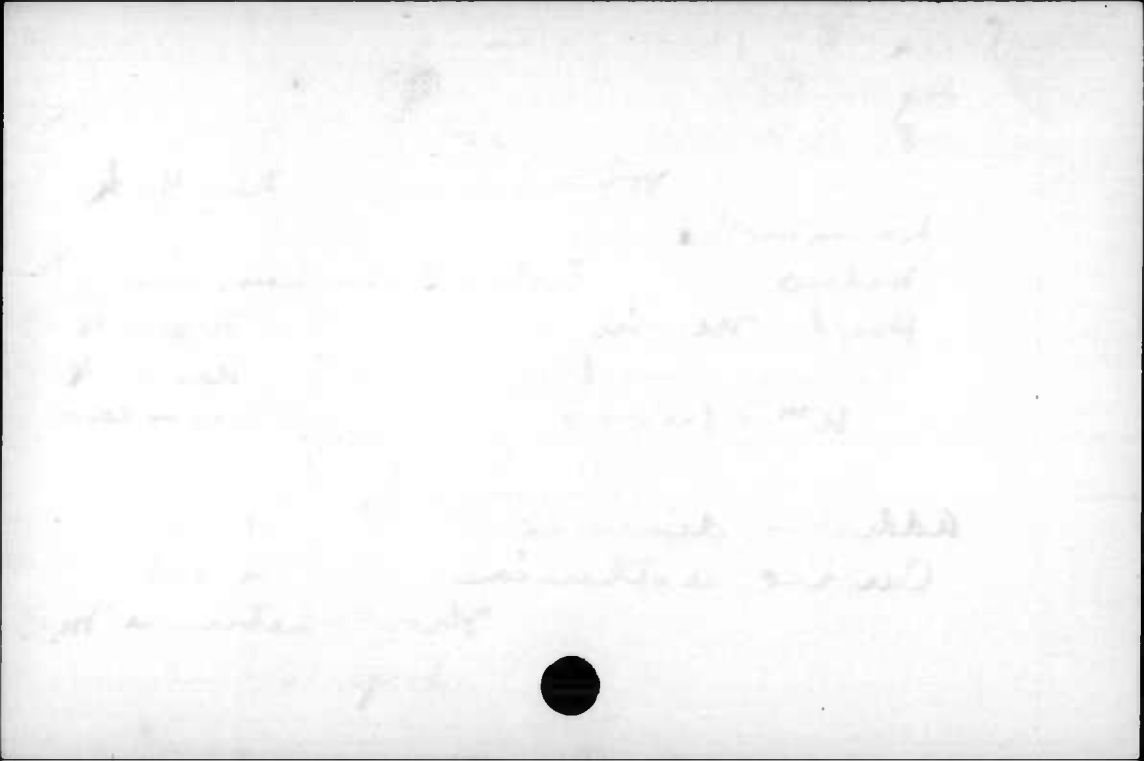
Yes

Signature of Physician

Address

E. P. Simpson Mo
Rosecroft Mo

Accident or Suicide *2*



Name
in
Full

Lorea P Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hyattsville ^{Town} Pa geo ^{County} MARYLAND

Date of death 1908 ^{Month} April ^{Day} 25 ^{Years} 35 ^{Months} 6 ^{Days} 5

Sex Female Color or Race White American Birth-place New York

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Sister G Thompson, deceased

Father's Name Hazel Marvin Father's Birthplace New York

Mother's Maiden Name Phoebe Anne Gifford Mother's Birthplace New York

Name of person giving information Wm F Pierce How related to deceased Son in law

CAUSES OF DEATH

52

PHYSICIAN
OR CORONER

Primary Addison's disease How long 1 yr

Immediate Cardiac asthma How long 2 wks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thos E. Hatman M.D.

Hyattsville

Accident or Suicide?



Name
in
Full

Maynard B. Thorne.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Lilia</i>		Town <i>Pr Geo</i>		County		MARYLAND	
Date of death	1908	Month	April	Day	30	Age	10
Sex	Male	Color or Race	White	Birth-place		<i>near Lilia</i>	
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>William J. Thorne Jr.</i>			Father's Birthplace <i>Pr. Geo. Co. Md.</i>			
Mother's Maiden Name	<i>Catharine Baum.</i>			Mother's Birthplace <i>Pr. Geo. Co. Md.</i>			
Name of person giving information	<i>J. M. Thorne Jr.</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>eight days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. S. Hurst</i>
		Address	<i>Prescataway Md.</i>
Accident or Suicide?	<i>9</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frank Ward		County Pr Geo		State MARYLAND	
Date of death 1908	Month 4	Day 24	Age 65	Months —	Days —
Sex male	Color or Race White		Birth-place Mad		
Occupation Farmer			Where Residing if not at place of death —		
Married, Yes		Name of Wife or Husband Fannie (?) Ward			
Father's Name Unknown		Father's Birthplace D.C.			
Mother's Maiden Name "		Mother's Birthplace "			
Name of person giving information Edw. P. Horne		How related to deceased Neighbor			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis	How long 2 yrs
Immediate	Exhaustion	How long +
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician William Morgan
		Address Fort Washington Md
Accident or Suicide? 9		



Name
in
Full

Johanna M. Wiesner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

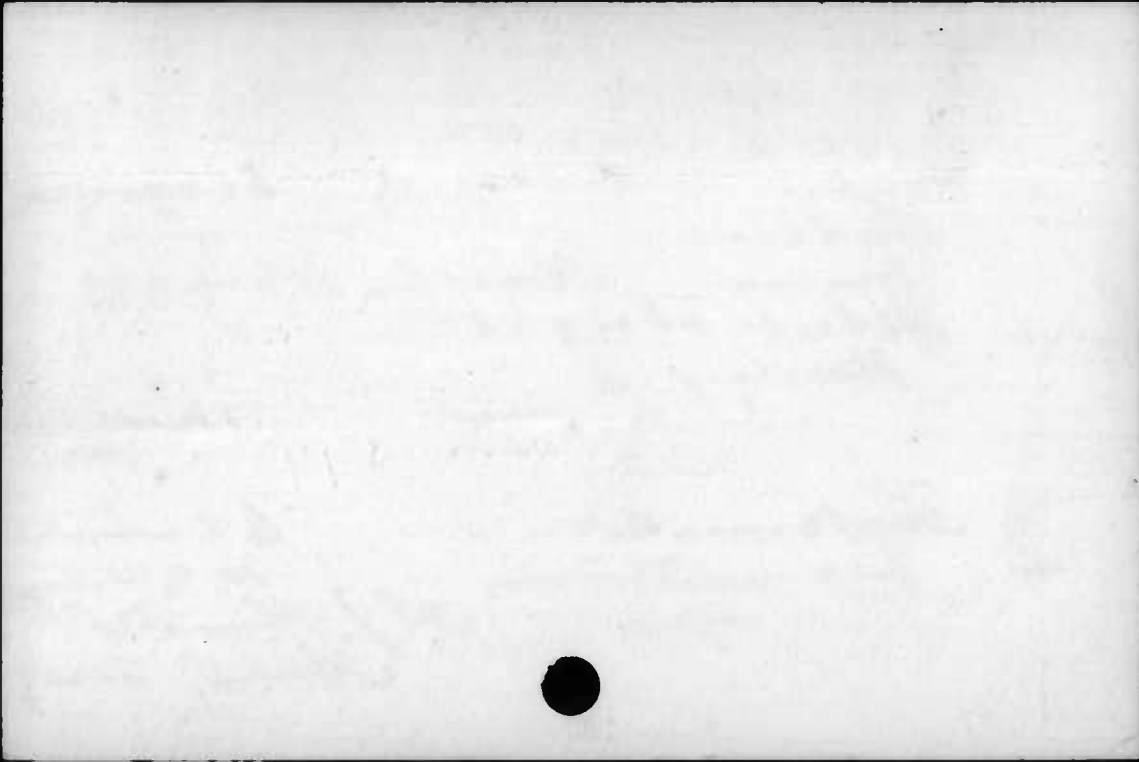
Died at <i>Farmont Heights</i>		Town <i>Prince Georges</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>19</i>	Age <i>79</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Austria</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Johan Wiesner</i>					
Father's Name <i>Hengler Joseph Brax</i>		Father's Birthplace <i>Austria</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>John O. Wiesner</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Endocarditis</i>	How long	<i>unknown -</i>
Immediate	<i>Syncope</i>	How long	<i>5 minutes -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>		Signature of Physician <i>R. M. Brady</i>	
		Address <i>Hamlet, N. C.</i>	
Accident or Suicide?			



Name
in
Full

Samuel Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Mitchellside		Prince Georges		Maryland			
Date of death	1908	Month	April	Day	23rd	Years	Age
Male		Color or Race		Colored		Birth-place	
Occupation		Laborer		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Martha Wright	
Father's Name		Albert Wright		Father's Birthplace		Northampton	
Mother's Maiden Name		Nancy		Mother's Birthplace		Northampton	
Name of person giving information		Charles Parker		How related to deceased		Brother-in-law	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis lungs		How long	6 months
Immediate	Exhaustion		How long	1 or 2 days
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		H. J. Huntel		
Address		Hazel, Md		
Accident or Suicide?		9		

